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ABSTRACT

This guide presents information on research and prevention of substance abuse among American Indians and Native Alaskans. Facts and figures representing findings from key government reports and research studies indicate the wide spread use of alcohol and drugs among American Indians and Native Alaskans. A list of prevention materials and curricula aimed at American Indian and Native Alaskan youths is provided. Each entry lists organization responsible for the material, publication format, length, context, topic, mode of delivery, target audience, setting, readability, and availability. An annotation is also included for each entry. The guide lists 24 government publications and journal articles and 4 reports published by private organizations, with abstracts, and information on availability. A list of groups, organizations and programs for American Indians and Native Alaskans is included. This guide will be updated regularly. (LP)

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PREVENTION RESOURCE GUIDE

AMERICAN INDIANS AND NATIVE ALASKANS

ED343746

June 1991

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This OSAP Prevention Resource Guide was compiled from a variety of publications and data bases and represents the most currently available information to date. This Guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in updated editions, please write to the **National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852.** *The listing of materials or programs in this Resource Guide does not constitute or imply endorsement by the Office for Substance Abuse Prevention, the Public Health Service, or the Department of Health and Human Services.* The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.

RC018590

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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The facts and figures presented in this Prevention Resource Guide represent findings from key Government reports and research studies on alcohol and other drug use in the American Indian and Native Alaskan communities. The literature from which we could draw facts about Native Alaskans, in particular, was scarce. While these data are not necessarily generalizable to American Indians and Native Alaskans as a whole, they are useful for overall program planning.

Produced by the National Clearinghouse for Alcohol and Drug Information, a service of the Office for Substance Abuse Prevention; Dora Beatriz Pinelo, staff writer.

For further information on alcohol and other drugs, call 301-468-2600 or 1-800-729-6686.

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Facts & Figures on American Indians and Native Alaskans

- ✓ American Indian and Native Alaskan groups vary widely in alcohol use, but as a whole they have very high mortality rates from causes that are alcohol related, such as cirrhosis, unintentional injuries, homicide, and suicide.[1]

- ✓ Alcoholism among American Indians has been observed to have reached epidemic proportions and has been described as the number one health problem in these cultural groups.[2]

- ✓ American Indians consistently report higher lifetime prevalence and current use in all drug categories, with the notable exception of cocaine, compared with the general population in the National High School Senior Survey.[3]

- ✓ There is some indication that the use of alcohol, marijuana, and inhalants by American Indian youth is decreasing. Between 1975 and 1981, American Indian adolescents living on reservations showed a significantly increased use, but use declined slightly from 1981 to 1987.[4]

- ✓ Young American Indian females use drugs at the same rate as males.[5]

- ✓ Fetal alcohol syndrome is 33 times higher in American Indians than in Whites.[6]

- ✓ American Indian youth are consistently reported to have the highest prevalence rates for inhalants, with estimated ranges of 17 to 22 percent, about twice as high as non-American Indian youth.[7]

- ✓ Before reaching seventh grade, 44 percent of American Indian youth have used inhalants; this is about five times the incidence by non-American Indian youth.[8]

- ✓ Twelve percent of American Indian youth have used stimulants and 72 percent have smoked cigarettes, while the percentage of their non-American Indian peers is significantly lower (4.2 percent and 42.3 percent respectively).[9]

- ✓ Four of the ten leading causes of death for American Indians and Native Alaskans are alcohol related.[10]

- ✓ When socioeconomic status is controlled, comparable American Indian and non-American Indian groups show similar patterns of drug use. Findings suggest common influences, such as conditions of poverty, prejudice, and lack of opportunity.[11]

- ✓ At least 80 percent of homicides, suicides, and motor vehicle crashes in the American Indian population are alcohol related.[12]

- ✓ The death rate for cirrhosis is five times higher among American Indians and Native Alaskans ages 25 to 44 than for the general population.[13]

- ✓ Marijuana is the next most widely used drug after alcohol. It is estimated that about half (41-62 percent) of American Indian youth have tried marijuana, compared with less than half (28-50 percent) of other youths, although there is wide intertribal variation.[14]

- ✓ Prevalence of smokeless tobacco use among American Indian school children ranges from 18 percent in kindergarten to 56 percent among ninth and tenth graders.[15]

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6. Chavez, G.F.; Cordero, J.F.; and Becerra, J.E., Leading Major Congenital Malformations Among Minority Groups in the United States, 1981-1986, *Journal of the American Medical Association* 261(2):205-209, 1989.
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13. National Institute on Alcohol Abuse and Alcoholism, op. cit., p. 36.
14. May, P., op. cit., p. 188.
15. Bruerd B. Smokeless Tobacco Use Among Native American School Children, *Public Health Reports* 105(2):196-201, 1990.

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Prevention Materials for American Indians and Native Alaskans

The materials listed in OSAP's Prevention Resource Guides have been reviewed for scientific accuracy based on the latest available scientific findings; appropriateness for the target audience as described by the developers of the materials; and conformance to public health principles and related policies. The underlying guidelines used for the review of materials are first and foremost based on the principle of do no harm. All materials contain a clear non-use (of nicotine, alcohol, and other drugs) message for youth. *The listing of these materials, however, does not imply Government endorsement or approval of the messages or materials.*

Healing Generations Journey to the Year 2000: The National Agenda for American Indian/Alaska Native Youth

Organization: Unity/Youth 2000/United National Indian Tribal Youth Incorporated

Sponsor/Endorser: Intra-Departmental Council on Indian Affairs, Office of Human Development Services, Administration for American Indians, DHHS

Format: Booklet

Length: 32 Pages

Context: Stands Alone and part of a Packet/Program

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Self-Instructional

Target Audience: American Indians

Setting: Community Organization, Home

Readability: Difficult

Availability: Single copies free. Unity/Youth 2000/United National Indian Tribal Youth Incorporated, P.O. Box 25042, Oklahoma City, OK, 73125; 405-424-3010.

This booklet urges specific actions to be undertaken in 12 broad areas by American Indians (primarily youth) by the year 2000 to promote economic and cultural prosperity. The broad areas include spirituality, environment, heritage, health, and sobriety.

Renewing Traditions: Early Childhood Education

Organization: Arizona Department of Education, Indian Education Unit

Year: 1989

Sponsor/Endorser: Arizona Department of Education, Indian Education Unit,and U.S. Department of Health and Human Services, Office for Substance Abuse Prevention

Format: Curriculum

Length: 115 Pages

Context: Stands Alone

Topic: Alcohol and Prevention

Mode of Delivery: Instructor-Led

Target Audience: A/D Prevention Professionals, Educators*k-5,and American Indians*Arizona

Setting: Community Organization, School

Readability: Difficult

Availability: Arizona Department of Education, Indian Education Unit, 1535 West Jefferson, Phoenix, AZ 85007; 602-542-4391; Katheryn A. Stevens. Limited quantity available. $9 per copy (plus $2.50 shipping/handling). Complete curriculum (K-5) due out in March 1991. Price to be determined.

This early childhood curriculum aims to prevent the use of alcohol and drugs among American Indian Youth and their families who are considered a high-risk Arizona population. Educators and parents are encouraged to emphasize cultural traditions. The no-use message is present, but it is not included in all activities. Drug component not very strong, mainly alcohol. Provides an example of how prevention curriculum can be used among American Indian youth.

Growing Up Strong: American Indian Supplement Preschool Through Third Grade

Organization: Center for Child and Family Development, University of Oklahoma

Year: 1989

Format: Classroom Material

Length: 19 Pages, 9 Sessions

Context: Part of a Packet/Program

Content: Teaching Objectives and Learning Activities

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Instructor-led

Target Audience: Educators*Preschool-3 and Parents*1-9

Setting: Home, School

Readability: Fairly Difficult

Availability: Center for Child and Family Development, University of Oklahoma, 555 East Constitution Street, Suite 221, Norman, OK 73037-0005; 405-325-1445. Payment Required*$20.

This package includes a poster, reprint of a cultural perspective statement, and a 16-page teacher's guide. It contains material aimed at American Indian children to supplement the standard packages for preschool to third grade. Also included is a 53-page program evaluation of the American Indian program.

Families in Focus - Home Learning Guide

Organization: The Cottage Program International

Year: 1988

Contact: Bernell Boswell

Sponsor/Endorser: UNISYS, Citibank, McGovern Allergy Clinic, Southland Corp., U.S. Dept. Of Education, Union Pacific

Format: Communications Package and 3 Ring Binder

Length: 42 Pages

Context: Stands Alone and Part of a Packet/Program

Content: Learning Activities and Measurement Activities

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Self-Instructional and Instructor-Led

Target Audience: High-Risk Families, A/D Prevention Professionals, Community Service Groups, and Parents

Setting: Community Organization, Religious, Home

Readability: Average

Availability: The Cottage Program International, 736 South 500 East, Salt Lake City, UT 84102-9964; 1-800-752-6100. $99.50 for learning guide, audio cassette, and support materials (also available in Spanish). Discounts for nonprofit and government agencies.

The Families in Focus Program is an in-home family alcohol and other drug abuse prevention program targeting high-risk youth and aimed at strengthening the family unit. Each family receives approximately 36 hours of training over a 1-year period. Training methods include didactic, experimental, and role play simulation. The home learning guide is the primary training manual for the family. Additional help and assistance of staff is available through a toll-free number. This program has been adapted for American Indians, Hispanics, and Polynesians.

Protect Your Culture - Learn About AIDs

Wassajasine, D. (artist)

Organization: Tohono O'Odham Health Department

Contact: Arlene Joaquin or Gloria Nev

Sponsor/Endorser: Arizona Dept. of Health Services

Format: Poster

Context: Stands Alone

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Self-Instructional

Target Audience: American Indians

Setting: General

Readability: Average

Availability: Tohono O'Odham Health Department, P.O. Box 837, Sells, AZ 85634; 602-383-3260.

Poster depicts American Indians standing in a large circle around a map of Arizona with the words AIDS written on it. Message says: Protect your culture - Learn about AIDS. Provides an example of what you can do in your community.

The Sacred Tree Curriculum Guide

Boop, J.M., and Baker, C.P. & L.

Organization:

Year: 1988

Format: Curriculum

Length: 12 Sessions

Context: Stands Alone

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Instructor-Led

Target Audience: A/D Prevention Professionals, Educators, and American Indians

Setting: School, Reservation

Availability: Four Worlds Development Project, University of Lethbridge 4401 University Drive, Lethbridge, Alberta Canada T1K 3M4; 403-328-4343 $8.50 per copy. Discount for bulk orders. In Canada, add 10 percent for shipping and handling.

A school-based drug/alcohol curriculum geared specifically to American Indians. Visual imagery and ethnic heritage is used to complement the curriculum. Many aspects of the overall substance abuse problem are covered including school and community use and economic impact. Students are taught the positive steps they can take to contribute to the solution. Active community involvement is used, with the community being an active participant.

Resource List for American Indian Alcohol and Drug Abuse Prevention Programs

Olsen, E.L.

Organization: Minnesota Department of Human Services

Year: 1986

Format: Resource Guide

Length: 5 Pages

Context: Stands Alone

Topic: Alcohol/Drugs, Prevention , and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: General Public and American Indians

Readability: Easy

Availability: Minnesota Department of Human Services, American Indian Section, Chemical Dependency Division, 444 Lafayette Road, St. Paul, MN 55155-3823; 612-296-4606. Single copy free.

Lists programs developed to help children and families avoid and/or treat alcohol and drug abuse. It gives a brief description of each program along with a contact person, address, and telephone number. Provides an example of a State directory of prevention/treatment programs.

Women and Alcohol and Drugs: A Random Sampling of Materials Available

McIntire, S.A.

Organization: Minnesota Indian Women's Resource Center (MIWRC)

Year: 1988

Format: Reading List

Length: 11 Pages

Context: Stands Alone

Topic: Alcohol/Drugs, Prevention, and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: General Public, American Indians, and Women

Readability: Average

Availability: Contact Shelley McIntire, Minnesota Indian Women's Resource Center Resource Library and Clearinghouse, 1433 East Franklin, Minneapolis, MN 55404; 612-870-9841; $2 per copy.

This is a reading list of materials regarding women and alcohol and other drugs. Most of the materials relate to awareness and treatment of AOD abuse.

An Inner Voice Tells You Not to Drink or Use Other Drugs

Organization: National Clearinghouse for Alcohol and Drug Information

Year: 1990

Format: Poster

Topic: Alcohol/Drugs, Prevention, Pregnant Women, American Indians

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852; 301-468-2600 or 1-800-729-6686.

Poster depicts a pregnant American Indian woman with the caption An Inner Voice Tells You Not to Drink or Use Other Drugs.

Studies, Articles, & Reports on American Indians and Native Alaskans

Government Publications and Journal Articles

Special Focus on Minorities

Alcohol, Health & Research World Winter 1986/1987

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

This special issue of *Alcohol, Health & Research World* discusses alcoholism among minorities. Topics include: NIAAA minority research activities; drinking patterns of urban and rural American Indians; alcohol use and abuse among Chinese Americans; drinking and Hispanic American family life; alcohol-related health risks among African Americans; prevention of alcohol abuse among African Americans; Asian Americans and alcohol use; the African American church as a foundation for recovery; and alcohol-related morbidity, 1979-1984.

Multicultural Perspectives in Drug Abuse Prevention

Prevention Networks pp. 1, 3-6, 1984.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

Six program officials who work with various ethnic minority groups discuss prevention activities and educational programs within minority communities. Their concerns include the prevalence of polydrug use, the overpoliticization of prevention strategies, the importance of family in the prevention process, and the need to tailor programs to different cultural groups. Other topics include community organization, schools as a setting for prevention, and reactions to the Chemical People television program.

Ad Hoc Task Force Recommendations for Ethnic Minorities on Alcohol and Other Drug Abuse

Report, Office for Substance Abuse Prevention, Rockville, MD, 1988.

(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

Recommendations made by an ad hoc task force on alcohol and other drug abuse among ethnic minorities are presented. General recommendations involve a prevention project developed by the Office for Substance Abuse

Prevention. Participants agreed that the project should focus on training trainers; that trainers should be people with experience in the field of community prevention; that the trainers should be knowledgeable regarding the community targeted to benefit; that multiple models be used; and that social pressures/skills strategies in particular should be used. Specific recommendations are presented for Asians/Pacific Islanders, African Americans, Hispanics, and American Indians.

Breaking New Ground for Youth at Risk: Program Summaries. OSAP Technical Report No. 1

Report, Office for Substance Abuse Prevention, Rockville, MD, 1988.

(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20852.)

The Office for Substance Abuse Prevention (OSAP) was directed in 1986 to create a multidimensional prevention program. OSAP was mandated to sponsor a demonstration grant program that would spotlight effective models for the prevention, treatment, and rehabilitation of drug and alcohol abuse among high-risk youth. This book is the first in a series of documents describing the grant program and sharing knowledge generated by those involved in the many projects that were funded. In 1987, OSAP awarded grants for 130 demonstration projects across the country. The summaries in this book describe the models used by project staffs to reduce the prevalence and incidence of alcohol and other drug problems among specific populations. These populations are: Asians and Pacific Islanders; African Americans, Hispanics; American Indians; Whites; Multiethnic (Minority); and Multiethnic (including White).

Breaking New Ground for American Indian and Alaska Native Youth at Risk: Program Summaries. OSAP Technical Report No. 3

Report, Office for Substance Abuse Prevention, Rockville, MD, 1990.

(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20852.)

This report summarizes 16 demonstrations grants that provide prevention models for working with American Indian youth. It also reviews 80 articles identifying more than 60 prevention interventions. Among the programs described, cultural considerations are especially prevalent, as well as concern for OSAP's two key target groups: youth and pregnant and postpartum women and their infants.

Drug Use in Patients Admitted to a University Trauma Center: Results of Limited (Rather than Comprehensive) Toxicology Screening

Bailey, D.N.

Journal of Analytical Toxicology 14(1):22-24, 1990.

(Reprints available from David N. Bailey, MD, Division of Laboratory Medicine, Department of Pathology, UCSD Medical Center (H- 720-T), 225 Dickinson, San Diego, CA 92103.)

The results of rapid toxicology screening of paired blood and urine samples were compared with results of a comprehensive screening method. The

study sample included 936 patients admitted to a university trauma center during the year 1988 who underwent limited screening and who were compared to 381 patients admitted in 1985 who underwent comprehensive screening. The study results revealed that in the 1988 sample, 65 percent were positive for one or more drugs, including ethanol (436), cocaine and/or benzoylecgonine, sympathomimetic amines, phencyclidine, narcotic analgesics, salicylates, and barbiturates. Of the positive screens, 70 percent revealed only one drug or parent drug/metabolite combination and 69 percent were from persons aged 21-40 years. Positive screens were found in 69 percent of men, 50 percent of women, 80 percent of American Indians, 75 percent of Blacks, 66 percent of Hispanics, 65 percent of Whites, and 38 percent of Asian/Pacific Islanders. When compared to the 1985 group, although the absolute number of specimens was considerably smaller, the overall outcome of the screening was not significantly different. It is concluded that rapid screening is a cost-effective and rapid method for obtaining useful information. 10 Ref.

Alcohol and Crime on the Reservation: A 10-Year Perspective

Mills, D.K.

Federal Probation 53(4):12-15, 1989.

The relationship between alcohol and crime on an Indian reservation in central Wyoming, where 7,764 Indians live, is discussed. Headings within this article include: (1) the defendants, an overview; (2) alcohol and the offense; (3) alcoholism, the offender's self-perception; (4) denial; and (5) crime involving loss of life. The study included felons convicted from the reservation in the Federal court from January 1, 1978, to December 31, 1988. During the 10-year period, 62 Indians from the reservation were convicted of felonies, which were more violent in character than would be expected in a non-reservation population. Of the 62 defendants, 48 (77.4 percent) had three or more past alcohol-related arrests and 12 had three or more convictions for driving while under the influence (DUI). It is concluded that the data substantiate the seriousness of alcoholism among American Indian peoples.

Homelessness Among Participants in Residential Alcohol Programs in a Northern California County: The Commitment and Organization of Social Resources

Speiglman, R.

Contemporary Drug Problems 16(3):453-482, 1989.

In recent years there has been a change in the focus of treatment of those with alcohol-related problems, from those who were the public inebriates of earlier times to drinking drivers and other individuals with more of society's resources. At the same time, homelessness in major urban areas has been seen to increase. This study surveyed participants in county-funded residential alcohol programs in Santa Clara County, CA, in order to determine how these programs served the homeless. It was concluded that local residents made up the majority of those participating in residential alcohol recovery programs; that those who participate in detoxification and recovery programs (rather

than in drinking driver programs) tend to be younger women and older men, with over representation of non-Hispanic Whites, Blacks, and American Indians; and that homelessness or potential homelessness is a serious problem among those surveyed. The risk of relapse is very high for those who leave a residential program without the possibility of returning to a supportive and stable living environment. 46 Ref.

To Drink or Not to Drink: The Indian Adolescents' Choice Between Friends and Family

Takie, Y.; Lynch, P.; and Charleston, G.M.

Journal of American Indian Education 27(2):1-9, 1989.

American Indian families, with both a preadolescent child and a teenager living at home, were studied with a focus on the issue of whether peers are more important than parents in influencing adolescent drinking behavior. The study samples, which included 130 children and teenagers who responded to an interview, were taken from four sites, two located in rural areas close to a large city, one metropolitan area with a large Indian population, and a large reservation located several hundred miles from the city. The study results revealed that there were distinct site-related differences in drinking behavior among the adults. Parental drinking behavior affected the teenagers. However, those students who were more likely to value their friends over their parents tended to drink more frequently. In addition, the results suggest that there is continuity among siblings, with younger brothers and sisters drinking when the older child drinks. It is suggested that those who wish to change drinking behaviors in youth should work toward the development of community norms that promote moderation in drinking rather than attempting to obtain more restrictive legislation. 20 Ref.

Injury Mortality in New Mexico's American Indians, Hispanics, and Non-Hispanic Whites, 1958 to 1982

Sewell, C.M.; Becker, T.M.; Wiggins, C.L.; Key, C.R.; Hull, H.F.; and Samet, J.M.

Western Journal of Medicine 150(6):708-713, 1989

(Reprints available from Thomas M. Becker, MD, Department of Medicine, Cancer Center, UNM School of Medicine, Albuquerque, NM 87131.)

Research was conducted to better characterize the injury problem in New Mexico, where mortalities directly attributable to alcohol use occur at nearly twice the national rate. According to data on American Indians, Hispanics, and non-Hispanic Whites from 1958 to 1982 and census figures, males had higher average annual, age-adjusted external mortality rates than females. Injury mortality rates for American Indians were two to three times higher than those for the other ethnic groups. The leading cause of injury deaths was motor vehicle crashes, 55 to 65 percent of which involve alcohol. Twice the proportion of injury deaths in Hispanic as in non-Hispanic White males (12.5 percent and 6.1 percent, respectively) was attributed to homicide, while the proportion of male suicides was highest in non-Hispanic Whites. About half the suicides and homicides were related to alcohol use in 1985. Deaths from exces-

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sive cold and exposure, where alcohol use is a major risk factor, were leading causes of injury mortality for American Indians but not for the other groups. The New Mexico mortality rate attributable to alcohol use of 15- to 24-year-old American Indians is 50 times higher than that of non-Hispanic Whites; for Hispanics it is five times more than for non-Hispanic Whites. 43 Ref.

Drinking-Related Locus of Control and the Drinking Status of Urban Native Americans

Mariano, A.J.; Donovan, D.M.; Walker, P.S.; Mariano, M.J.; and Walker, R.D.

Journal of Studies on Alcohol 50(4):331-338, 1989.

Although promising, the available data concerning drinking-related locus of control have been almost entirely limited to treatment samples of white men. The major purpose of this study was to extend our understanding by comparing the drinking-related expectancies of three groups of American Indians: problem drinkers, nonproblem drinkers and recovering alcoholics. Multivariate analyses were employed to control statistically for important sociodemographic differences between groups and included a test of the possibility that sex moderated the relationship between drinking status and drinking expectancies. As predicted, problem drinkers reported significantly less personal control of alcohol use than either nonproblem drinkers or recovering alcoholics. There were no significant differences between nonproblem drinkers and recovered alcoholics. American Indian men were found to hold significantly more external orientations towards drinking than did women. The findings provide indirect support for current treatment philosophies that seek to modify patient perceptions of the controllability of drinking behavior in a more internal direction. 30 Ref.

Special Populations: Services for American Indians

Smith, E.M.

Alcohol Health and Research World 13(1):94-96, 1989.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

A training program developed by the Indian Health Service (IHS) for its professional staff is discussed. This training program was designed to meet the needs of professionals in the fields of mental health, social work, and community health and health education. Since the spring of 1986, approximately 80 physicians have attended week-long workshops to learn the essentials of diagnosing alcohol and other drug problems and to identify attitudinal characteristics of the provider and patient that may interfere with patient entry into the treatment system and continuation with aftercare programs. In addition, 80 nurses attended separate nurses' workshops. In addition, a curriculum designed specifically for the IHS has been developed to be presented in 3-day workshops to be held at treatment centers. This curriculum is carefully oriented toward the special concerns of the American Indian population. The curriculum is intended to provide minimum essential

knowledge and skills of health care providers and to motivate interested individuals to seek further training. 2 Ref.

American Indian Youth and Drugs, 1976-87: A Continuing Problem

Beauvais, F.; Oetting, E.R.; Wolf, W.; and Edwards, R.W.

American Journal of Public Health 79(5):634-636, 1989.

(Reprints available from Fred Beauvais, PhD, Research Scientist, Western Behavioral Studies, Psychology Department, Colorado State University, Fort Collins, CO 80523.)

Continuing surveillance of drug use among American Indian adolescents living on reservations shows them to have rates of use higher than those of their non-Indian counterparts. Marijuana use is particularly high among Indian students. By the seventh grade, a significant number of Indian youth have tried drugs, particularly marijuana and alcohol, and there are few significant differences by gender. Based on observed patterns of use, intervention strategies need to begin in the elementary school years and target both males and females equally. 9 Ref.

Differential Alcohol-Related Mortality Among American Indian Tribes in Oklahoma, 1968-1978

Christian, C.M.; Dufour, M.; and Bertolucci, D.

Social Science & Medicine 28(3):275-284, 1989.

Tribal differences in alcohol-related mortality in 11 American Indian tribes of Oklahoma were examined. Mortality statistics were obtained from the National Center for Health Statistics' multiple cause national mortality data file. The results showed differences between ethnic groups and Indian tribes. Of 267,238 deaths in Oklahoma from 1968 to 1978, 9.3 percent of Indian deaths, 3.2 percent of Black deaths, and 2.4 percent of White deaths were classified as alcohol-related. In addition, Cheyenne-Arapaho, Comanche and Kiowa areas have a higher incidence of alcohol-related deaths than Cherokee, Choctaw, Creek, Seminole, and Pawnee areas. The patterns of mortality may be related to cultural and historical differences between the tribes. 23 Ref.

Leading Major Congenital Malformations Among Minority Groups in the United States, 1981-1986

Chavez, G.F.; Cordero, J.F.; and Becerra, J.E.

JAMA: Journal of the American Medical Association 261(2):205-209, 1989.

Data on leading major congenital malformations among Blacks, Hispanics, American Indians, and Asians in the United States during the period 1981-1986, available through the Birth Defects Monitoring Program (BDMP) of the Centers for Disease Control are analyzed and compared to prevalence rates for Whites. The data in the report indicate that the frequency and types of malformations vary greatly among minority groups, with certain racial/ethnic groups having greater incidence of some malformations than others. Analysis of 18 major birth defects by ra-

cial/ethnic groups showed that American Indians had the highest total rate (total number of malformations per 10,000 total births), followed, in order, by Whites, Blacks, Asians, and Hispanics. Rates for clubfoot without central nervous system (CNS) defects, hip dislocation without CNS defects, and hypospadias were highest among Whites. The rate of patent ductus arteriosus is higher in Blacks than in any other group; of fetal alcohol syndrome is six times higher in Blacks than in Whites, 33 times higher in American Indians than in Whites. The rates of Down syndrome, cleft lip (with or without cleft palate, and ventricular septal defect are higher in Asians than other groups. Although the data in the report should be interpreted with caution, it is noted that congenital malformations are a major cause of infant morbidity and mortality in the United States and that public health professionals need to understand why certain minority groups have a higher risk for some malformations than other segments of the population. 12 Ref.

Smokeless Tobacco Use Among Native American School Children

Bruerd, B.

Public Health Reports 105(2):196-201, 1990.

(Reprints available from Ms. Bonnie Bruerd, 1095 Kathy Way South, Salem, OR 97306.)

Seven published and two unpublished surveys of American Indian school children's use of smokeless tobacco (ST) are reviewed. The surveys represent school children in the States of South Dakota, Montana, Nebraska, Washington, Arizona, New Mexico, and Alaska. This review describes and discusses the survey methods, prevalence, duration, and intensity of ST use, and ST health effects documented in these studies. Prevalence of regular ST use ranges from 18 percent in kindergartners through 6th graders to 55.9 percent among 9th and 10th graders. In two studies that surveyed kindergartners, regular use was reported at 13 percent in one study and 21 percent in the other. Comparisons to use by non-American Indians, as reported in surveys, demonstrate the severity of the problem in American Indian communities.

Tobacco Use by American Indian and Alaska Native People: Risks, Psychosocial Factors, and Preventive Intervention

Schinke, S. P.; Orlandi, M.A.; Schilling, R.F.; Botvin, G.J.; Gilchrist, L.D.; and Landers, C.

Journal of Alcohol and Drug Education 35(2):1-12, 1990.

(Reprints available from Steven Schinke, Columbia University - School of Social Work, 622 West 113th Street, New York, NY 10025.)

Smoked and smokeless tobacco use pose cancer and other health and behavioral risks for American Indian and Alaska Native people. This paper reviews these risks with particular attention to psychosocial aspects of tobacco use, including the influences of cultural, social, and gender-specific factors. After highlighting the advantages of interventions to prevent smoked and smokeless use, the paper suggests a prevention model based on bi-cultural competence theory and on cognitive and behavioral principles of social learning. The authors discuss implications and sug-

gest research directions for tobacco use prevention efforts with American Indian and Alaska Native populations. 63 Ref.

Macro-Level Fetal Alcohol Syndrome Prevention Program for American Indians and Alaska Natives: Description and Evaluation

May, P.A., and Hymbaugh, K.J.

Journal of Studies on Alcohol 50(6):508-518, 1989.

(Reprints available from Philip A. May, University of New Mexico, Dept. of Sociology, Albuquerque, NM 87131.)

Presented here are a detailed description and outcome evaluation of a comprehensive, macro-level fetal alcohol syndrome (FAS) prevention program for American Indians and Alaska Natives. The program was designed to provide native communities throughout the United States with the knowledge, skills, and strategies to initiate primary, secondary, and tertiary prevention measures on their own. The key to the program was training of a cadre of trainers/advocates in all local American Indian and Alaska Native communities served by the Indian Health Service. These people were then supported and assisted in their efforts through a variety of means. Evaluation results of knowledge gained indicate that the local trainers had substantial success in imparting FAS information to a variety of audiences (prenatal groups, school children, and community groups). Further, the evaluation samples also indicate that the knowledge was retained by these groups over time (2-4 months) and that there may have been some general diffusion of knowledge among peers in local communities. This program is presented in the hope that it will be replicated and improved upon by similar programs using this model as a base. 30 Ref.

IHS Alcoholism Prevention Initiatives

Rhoades, E. R., and Burns, T. R.

Provider 14(2):9-11, 1989.

The mortality rate for American Indians/Alaska Natives (AI/AN) fell from 54.4/100,000 in 1978 to 26.1/100,000 in 1985, a decrease of 52 percent. The comparable U.S. figures for All Races were 8.1/100,000 in 1978 and 6.2/100,000 in 1985, a decrease of 23 percent. During this time period, the Indian Health Service (IHS) embarked upon a major effort to assimilate and to expand alcoholism programs then transferred from the National Institute of Alcohol Abuse and Alcoholism. Following the completion of the transfer in 1983, the number of programs has nearly doubled (158/309). This paper provides background information incidental to the development of the IHS alcoholism/substance abuse program efforts. A description of the current program's strengths and needs is detailed and is followed by a review of the Secretarial IHS Alcoholism/Substance Abuse Prevention Initiatives. The goal of achieving an age-adjusted AI/AN alcoholism death rate at parity with the U.S. All Races rate by the year 2000 is now established.

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20852

Incidence of and Survival from Alcohol-Related Cancers in U.S. Minorities

Young, J.L.; Horm, J.W.; and Ries, L.G.

In *Alcohol Use Among U.S. Ethnic Minorities*, edited by D. Spiegler, D. Tate, S. Aitken, and C. Christian, 451-458. NIAAA Research Monograph no. 18. Rockville, MD: Department of Health and Human Services, 1989.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

Epidemiological studies have shown the intake of alcohol to be associated with cancers of the oral cavity, larynx, esophagus, stomach, rectum, and liver. Alcohol has also been suggested as a risk factor for cancer of the pancreas and prostate, although the association is weak and the increased risk, if any, is small. No association has been shown between alcohol and cancers of the urinary system. Data for 1978-1981 from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) were examined for these cancer sites to contrast the risk in incidence between Whites, African Americans, Chinese, Japanese, Filipinos, Hawaiians, American Indians, and Hispanics in New Mexico and Puerto Rico. This examination revealed that males experience an excess risk in the incidence of alcohol-related cancers. For cancers of the oral cavity and esophagus, African Americans, Chinese, and Puerto Ricans experience higher risks. For cancer of the stomach, all minority groups except for Chinese and Filipinos experience a higher risk than Whites. For cancers of the rectum, Japanese are the only minority at increased risk. Both African Americans and Hispanics experience an increased risk of pancreatic cancer. African Americans, Hawaiians, and Hispanics are at an increased risk of laryngeal cancer. Five-year relative survival rates for these cancer sites were also examined for the various ethnic groups except Puerto Ricans. In general, African Americans and American Indians had lower survival rates than did Whites, while Japanese had higher survival rates. Rates for Hispanics were similar to those for other Caucasians. 15 Ref.

Multiple Cause Mortality Data: General Description, Methodological Issues, and Preliminary Findings

Dufour, M.C.; Bertolucci, D.; and Weed, J.

In *Alcohol Use Among U.S. Ethnic Minorities*, edited by D. Spiegler, D. Tate, S. Aitken, and C. Christian, 439-450. NIAAA Research Monograph no. 18. Rockville, MD: Department of Health and Human Services, 1989.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

This paper examines the differential vulnerability of various racial and ethnic groups to alcohol-related mortality based on analyses of multiple cause of death statistics for 1980 maintained by the National Center for Health Statistics. For specific alcohol-related conditions, looking at death rates alone tends to reduce the magnitude of the problem. Using a recently developed measure, years of potential life lost (YPLL), this paper presents a more effective way of demonstrating the impact of deaths due to alcohol- related conditions. The YPLL measure is particularly effective when used with alcohol-related conditions because it dramatizes the relatively young age at which vic-

tims of alcohol-related conditions die. The average YPLL/death from alcohol liver disease is tragically high among both males and females of the same race, but there is marked ethnic variation, ranging from 10 years for Japanese males to 22 years for American Indian females. The average YPLL/death tends to be even more dramatic for indirect causes of death (e.g., motor vehicle accidents, suicides, homicides). The paper also notes racial and ethnic differences in death certificate mention rates for alcohol dependence and alcoholic liver disease. 12 Ref.

The Fact Is...Alcohol and Other Drug Problems Are a Major Concern in Native American Communities

Fact Sheet, Office for Substance Abuse Prevention, 1989.

(Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852)

Discusses the special concerns of American Indian communities about alcohol and other drugs and provides a list of resources that can be used to obtain further information on this topic.

American Indian Alcohol Misuse and Treatment Outcome

Walker, R.D.; Benjamin, G.A.; Kiviahan, D.; and Walker, P.S.

In *Alcohol Use Among U.S. Ethnic Minorities*, edited by D. Spiegler, D. Tate, S. Aitken, and C. Christian, 301-311. NIAAA Research Monograph no. 18. Rockville, MD; Department of Health and Human Services, 1989.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

American Indian alcoholism treatment outcome is reported infrequently in the scientific literature. A recent study of selected alcohol treatment programs found that only 8 percent performed any evaluation of treatment effectiveness in 1983. The American Indian Research group in Seattle examined the treatment use, treatment outcome, and recidivism for several urban American Indian samples drawn from detoxification, inpatient halfway house, and outpatient alcoholism treatment settings. Further, a sample of outpatients at a primary medical health care clinic for American Indians was followed to assess alcohol use problems in this population. Longitudinal data were collected for demographic, alcohol-related historical/environmental, and treatment outcome variables. Recidivism data were provided through the Washington State Alcoholism Monitoring Systems (WSMAS), which documented all admissions to State-funded alcoholism treatment programs. Preliminary findings indicate a high prevalence of alcohol-related problems for Northwest urban American Indians. Chronicity and recidivism affected patients within all treatment samples. Successful outcome was infrequent, despite extensive time in treatment for most subjects. Finally, the rate of alcohol dependence and alcohol abuse was 43 percent for the medical health clinic sample at first contact and 54 percent at 1-year follow-up. These findings emphasize the need for further investigations of issues that may be related to the recovery process and protective factors that may prevent alcoholism in members of this high-risk group. 13 Ref.

Alcohol Abuse and Major Affective Disorders: Advances in Epidemiologic Research Among American Indians

Manson, S.M.; Shore, J.H.; Bloom, J.D.; Keepers, G.; and Neligh, G.

In *Alcohol Use Among U.S. Ethnic Minorities*, edited by D. Spiegler, D. Tate, S. Aitken, and C. Christian, 291-300. NIAAA Research, Rockville MD; Monograph no. 18., Department of Health and Human Services, 1989.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.)

A multistage study was conducted to assess the reliability and validity of a modified version of the National Institute on Mental Health (NIMH) Diagnostic Interview Schedule (DIS) and of the Schedule for Affective Disorders and Schizophrenia-Lifetime Version (SADS-L) within a known cases/non-cases matched-control design that involves tribal members of three reservation communities. The long-range objectives of this effort include developing culturally sensitive diagnostic instruments to be used in community-based psychiatric epidemiologic studies with these American Indian populations. The particular phase of the study reported in this paper relates to the standardized psychiatric interviews of mental health clinic index groups that were constructed at each of the sites. Data derived from 86 interviews are presented, with special attention given to questions about variations in alcoholism symptoms as well as caseness among individuals with histories of major depression. The implications of these data for future epidemiologic research on alcoholism within American Indian communities are discussed in terms of issues pertaining to diagnostic criteria, multiple concurrent diagnoses, diagnostic primacy, and instrumentation. 14 Ref.

Other Publications

Risk Factors for Substance Abuse in Native American Boarding Schools

Matthews, R.D.

Ph.D. diss., United States International University, San Diego, 1989.

(Reprints available from UMI, 300 North Zeeb Road, Ann Arbor, MI 48106. Refer to order # DA8913733.)

The purpose of this study was to identify risk factors for substance abuse within a population of American Indian boarding school students. A comparative study was conducted with approximately 300 boarding school students at an American Indian boarding school, who ranged in age from 14 to 20. Subjects were divided into two groups: low use of alcohol and drugs, and high use of alcohol and drugs. The following items were compared between the groups: presence of alcoholic parents or significant others; self-esteem; age of first exposure; stability of the family unit; violence in the environment or family; physical and sexual abuse or child neglect; employment status of the family; tribal affiliation and cultural tradition; and suicidal thoughts or actual suicide reported within the family or among peers. Significant differences were found between groups in the number of Children of Alcoholics (COAs) and in the number of substance abusing adolescents originating from dysfunctional environments, including

parental role models, were determining influences on the use and abuse of substances by the American Indian youths surveyed. In particular, tendency toward alcoholic consumption and drinking styles are transmitted generationally. Those reporting usage at the earliest ages continued to broaden their experimentation and regular usage of substances until a wide variety of substances were involved.

Drugs and Native-American Youth

Oetting, E.R.; Edwards, R.W.; and Beauvais, F.

In *Perspective on Adolescent Drug Abuse*, edited by B. Segal. New York: Haworth Press, 1989.

(Reprints available from E.R. Oetting, PhD, Department of Psychology, Colorado State University, Fort Collins, CO 80523.)

Drug use by American Indian youth aged 12 to 17 is discussed. Headings within this chapter include: (1) a brief history of epidemiological drug studies; (2) drugs and American Indian youth: (3) inhalant use by American Indian youth; (4) cultural identification and drug use of American Indian youth; (5) emotional distress and drug use of American Indian youth; and (6) peer clusters and drug use of American Indian youth. It is found that American Indian adolescents who live on reservations have high rates of use of marijuana, inhalants, and stimulants. These rates are higher than those found in other American youth, although Indian culture does not encourage drug usage. However, it is stressed that American Indian youth differ from other adolescents only in their susceptibility to such behaviors because of poverty, prejudice, and lack of educational, economic, and social opportunity. 133 Ref.

MMPI Traits in American Indian Adolescents Who Self-Report Low, Moderate, and High Alcohol and Drug Use

Heuberger, M.C.

Ph.D. diss., United States International University, San Diego, 1989.

(Reprints available from UMI, 300 North Zeeb Road, Ann Arbor, MI 48106. Refer to order # D8817921.)

This study utilized an evaluative survey approach to identify the personality characteristics of American Indian adolescents who were self-reported non, low, moderate, high, or heavy abusers of alcohol and/or methamphetamine. The subjects were 108 American Indian adolescents who were 14 to 18 years of age and high school students in Southern California. The Minnesota Multiphasic Personality Inventory (MMPI) and the MacAndrew Scale of the MMPI were the instruments used; subjects were tested anonymously. They reported the frequency of use of alcohol and/or methamphetamine during the six months prior to the testing. The subjects voluntarily placed themselves into one of three categories: (1) Non- or Low; (2) Moderate; (3) High or Heavy drinking. It was concluded that the composite MMPI profile typologies were well within the normal range for 14-to-18-year old adolescents, as were the high-point model typologies. A statistical analysis of the data collected for this study provided mixed results. Significant differences between the groups were noted for

some of the scales. A correlation between group membership and age of subjects was also noted.

Treatment and Prevention of Alcoholism in the Native American Family

Hill, A.

In *Alcoholism and Substance Abuse in Special Populations*, edited by G.W. Lawson, and A.W. Lawson, 247-272. Rockville, MD: Aspen Publishers, Inc., 1989.

The ramifications of recent advances in alcoholism and family treatment for American Indians are discussed. It is noted that a holistic perspective of prevention and treatment strategies is required to combat the effects of alcoholism in American Indian communities. These treatment and prevention strategies must address physical, social, and psychological influences, and it is suggested that a bio-psychosocial approach, considering all the major factors of alcoholism may provide valuable insights into the development of alcoholism in the American Indian culture. In fact, recent advances in the field of alcoholism suggest a family systems approach and have revealed the importance of cultural norms regarding alcohol use, family role models, and drinking patterns, all of which have influenced the development of alcoholism in American Indian families. The use of a bio-psychosocial framework with a family systems perspective can help in the identification of influences that lead to the progression and maintenance of alcoholism in the American Indian culture. Knowledge of these influences are essential for the development of treatment and prevention strategies.

Groups, Organizations, & Programs on American Indians and Native Alaskans

Administration for Native Americans
200 Independence Avenue, SW
344 F HHH
Washington, DC 20201-001
Attention: CDP 90-1
(202) 245-7727

Al-Anon/Alateen Family Group Headquarters, Inc.
P.O. Box 862
Midtown Station
New York, NY 10018-0862
212-302-7240 or 1-800-344-2666

Alcoholics Anonymous (AA)
World Services, Inc.
468 Park Avenue, South
New York, NY 10016
212-686-1100

Americans for Indian Opportunity
3508 Garfield Street, NW
Washington, DC 20007
(202) 338-8809

American Indian and Alaska Native
Caucus of the APHA
5600 Fishers Lane, Room 5A-43
Rockville, MD 20857
(301) 443-1095

American Indian Child & Family Services
P.O. Box 473
29 Main Street
Akron, NY 14001
(716) 542-2097

American Indian Health Care Association (AIHCA)
245 East 6th Street
Suite 499
St. Paul, MN 55101
(612) 293-0233

American Indian Institute
555 E. Constitution Street
Norman, OK 73037-0005
(405) 325-1446

Association of American Indian Physicians
10015 S. Pennsylvania
Oklahoma City, OK 73159
(405) 692-1202

Association of Native American Medical Students
c/o Associations of American Indian Physicians
10015 S. Pennsylvania
Oklahoma City, OK 73159
(405) 692-1202

Four Worlds Development Project
University of Lethbridge
Faculty of Education
4401 University Drive, Lethbridge
Alberta, Canada T1K3M4
(403) 328-4343

Indian Health Service
Alcohol Programs, Room 6A53
5600 Fishers Lane,
Rockville, MD 20857
(301) 443-4297

Minnesota Indian Women's Resource Center
1900 Chicago Avenue
Minneapolis, MN 55401
(612) 872-8211

Nar-Anon World Service Office
P.O. Box 2562
Palos Verdes, CA 90274
213-547-5800

Narcotics Anonymous (NA)
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

National Association for Native American Children of Alcoholics (NANACOA)
611 12th Avenue South
Suite 200
Seattle, WA 98144
(206) 324-9360

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
301-468-2600
1-800-729-6686

National Indian Council on Aging (NICOA)
P.O. Box 2088
Albuquerque, NM 87103
(505) 242-9505

National Indian Health Board
50 S. Steele Street, Suite 500
Denver, CO 80209
(303) 394-3500

National Native American AIDS Prevention Center
1315 East 24th Street, Room 315
Minneapolis, MN 55404
(612) 721-3568, or call
(800) 283-AIDS

National Prevention Implementation Program
8201 Greensboro Drive, Suite 500
McLean, VA 22102
(703) 556-0212

OSAP Multicultural Substance Abuse Prevention Project
8401 Colesville Road, or write
Box 350A, Silver Spring, MD 20910
(800) 822-0047
(in Maryland call (301) 589-3272)

Seattle Indian Center
611 Twelfth Avenue South
Suite 300
Seattle, WA 98144
(206) 329-8700

UNITY
United National Indian
Tribal Youth, Inc.
P.O. Box 25042
Oklahoma City, OK 73125
(405) 424-3010

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